

VIRGINIA DEPARTMENT OF FORESTRY

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER(S) AND CERTIFICATION

RETURN THIS FORM TO THE REQUESTER WITHIN 30 DAYS – FAILURE TO RETURN MAY RESULT IN 31% BACKUP WITHHOLDING

Each person or organization doing business with the Commonwealth of Virginia must provide the following information.

ORGANIZATION ENTITY: (CHECK ONLY ONE)

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> NON-PROFIT ORGANIZATION	SOCIAL SECURITY NUMBER
<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> FEDERAL AGENCY	_____
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE AGENCY	And / Or
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LOCAL GOVERNMENT	EMPLOYER IDENTIFICATION NUMBER
<input type="checkbox"/> TRUST	<input type="checkbox"/> POLITICAL SUBDIVISION	_____
<input type="checkbox"/> ESTATE	<input type="checkbox"/> OTHER _____	

ENTER THE FOLLOWING:

LEGAL NAME _____
(MUST MATCH THE SOCIAL SECURITY NUMBER, IF APPLICABLE)

TRADE NAME _____
(MUST MATCH THE EMPLOYER IDENTIFICATION NUMBER, IF APPLICABLE)

MAILING ADDRESS _____

CONTACT PERSON _____ TELEPHONE NUMBER _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

IS YOUR ORGANIZATION (ASSOCIATION, CLUB, RELIGIOUS, CHARITABLE, EDUCATIONAL, OR OTHER GROUP) TAX EXEMPT UNDER IRS CODE SECTION 501(A)? ☐ YES ☐ NO

ARE YOU A REAL ESTATE AGENT? ☐ YES ☐ NO

CERTIFICATION: UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

(1) The number(s) shown on this form is my correct taxpayer identification number(s) (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

[You must cross out item (2) above if you have been notified by IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. (see Signing the Certification under Specific Instructions on the Form W-9 Instructions which follow.)]

SIGNATURE _____ DATE _____

Return this form to Virginia Department of Forestry
900 Natural Resources Drive, Suite 800, Charlottesville, VA 22903